

Work Order ID 117538

Friday, April 25, 2014 8:14:58 AM

117538

Page 1

Item ID: D5021-1 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Foam, Center Panel, Fwd
 Start Date: 4/25/2014 Start Qty: 12.00 ***12*** Cust Item ID:
 Required Date: 5/9/2014 Req'd Qty: 12.00 ***12*** Customer:
 Reference:

Approvals: Process Plan: CZ Date: 14/04/25 Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D5021	B

110 0.00
110
 Purchasing Memo 0.00
 Purchasing Issue P/O: 23965
 Manufacture as per Dwg
 Possible supplier: ACP COMPOSITES
~~COF C note is required.~~ N/A

120 0.00
120
 Packaging Memo 0.00
 Packaging ~~COF C note is required.~~ N/A

130 0.00
130
 QC Memo 0.00
 Quality Control

DAS
27
9-89

14/5/15

CZ 14/04/29 12

P 14/04/10 10

10

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 117538

Friday, April 25, 2014 8:14:58 AM

117538

Page 2

Item ID: D5021-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Foam, Center Panel, Fwd

Start Date: 4/25/2014 Start Qty: 12.00

12

Cust Item ID:

Required Date: 5/9/2014 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

140

Identify as per dwg & Stock Location ME

0.00

140

Packaging

Memo

0.00

Packaging

10 SAD 14/12/31

150

QC21- Final Inspection - Work Order Release

0.00

150

QC

Memo

0.00

Quality Control

14/7/31 JD14-7-31

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
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Transport									
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FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

Friday, April 25, 2014 8:14:58 AM

Page 1

Work Order ID: 117538

117538

Parent Item: D5021-1

D5021-1

Parent Item Name: Foam, Center Panel, Fwd

Start Date: 4/25/2014

Required Date: 5/9/2014

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 13.12.20 NEW ISSUE DD VERF:JLM IPP
REV:B 14.04.09 NOW OUTSOURCE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D5021-1P		Purchased		No			Each	0.0000		12			
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D5021-1P

Foam, Center Panel, Fwd

Pay 1/10 (10)

D5038-1

m114429

165F

X12 = 192 C214/04/29

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

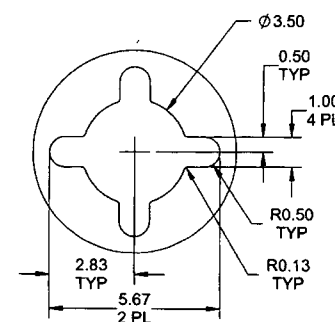
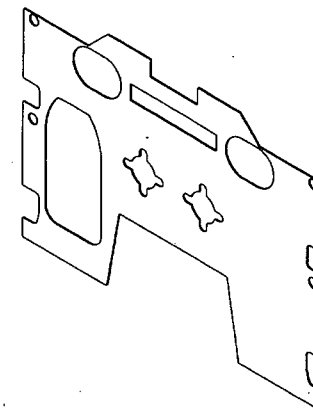
Work Order update only ☐

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FAULT CATEGORY

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		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



2014-01-22

B D5021-1 FOAM, CENTER PANEL, FWD

NOTES:

- 1) MATERIAL: D5033-1 (RIGID POLYURETHANE FOAM)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.35 lbs

B	ADDED DETAIL A (ZN B2-1, D5-1) & 1.81 (ZN B5-2, B5-3, 6.75 (ZN D6-2, B6-3); 3.04 WAS 2.93 (ZN B7-1); 2.30 WAS 1.64 & 1.51 (ZN B7-1, B7-2, B7-3); 1.70 WAS 1.83 (ZN B4-2); 9.90 WAS 9.78 (ZN B4-3); SOME DIMENSIONS SHIFTED DUE TO WIDTH CHANGE		RF	14.01.09
A	NEW ISSUE		RF	13.12.09
REV.	DESCRIPTION		BY	DATE
DESIGN	RF	DART AEROSPACE LTD		
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA		
CHECKED	<i>JD</i>	DRAWING NO.	REV. 1	
MFG. APPR.	<i>JD</i>	D5021	SHEET 1 OF	
APPROVED	<i>JD</i>	TITLE	SCALE	
DE APPR.	<i>JD</i>	FOAM CORE	NT	
DATE	14.01.09			

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Dart Aerospace Ltd.
270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO23965**

Purchase Order Date 4/28/2014

PO Print Date 5/6/2014

Page Number 2 of 3

Order From :

VC-TPI001

Ship To : DART AEROSPACE LTD

TPI INDUSTRIES INC.
148 RUE GOODFELLOW
DELSON, QUEBEC J5B 1V4
CANADA

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Contact Name

Vendor Phone 450-633-0484

Ship To Contact

Ship To Phone

Ship Via: FedEx PI collect

Ship Acct:

Buyer

Michael Gregoire

Customer POID

Customer Tax # 10127-2607

Terms

Net 30

Currency

CAD

FOB

FCA - (Free Carrier)

Line Total: **\$131.78**

4	D5021-1P	Foam, Center Panel, Fwd	5/12/2014	FN	10.00	\$13.18	\$131.79
			Yes		Each		
			5/12/2014				

Manufacture as per Drawing D5021 rev.B
B117538

Line Total: **\$131.78**

5	D5021-3P	Foam, Center Panel, Middle	5/12/2014	FN	10.00	\$13.18	\$131.79
			Yes		Each		
			5/12/2014				

Manufacture as per Drawing D5021 rev.B
B117539

Line Total: **\$131.78**

6	D5021-5P	Foam, Center Panel, Aft	5/12/2014	FN	10.00	\$13.18	\$131.78
			Yes		Each		
			5/12/2014				

Manufacture as per Drawing D5021 rev.B
B117540

Handwritten signature/initials
4/16/13

Note:

5/6/2014